IDENTITY THEFT

The documents
The "blacked out"
you throw away
The people who
information
see
threw this info
is REAL.
into our recycle bins
are REAL.

APPLICATION FOR ALABAMA RESIDENT LIFETIME HUNTING & FISHING LICENSE

Check One:

☐ Lifetime Freshwater License	$150.00	☐ Lifetime Hunting/Freshwater Fishing License	$450.00
☐ Lifetime Saltwater License	$250.00	☐ Lifetime Freshwater & Saltwater License	$400.00
☐ Lifetime Hunting License	$300.00	☐ Lifetime Hunting / Saltwater Fishing License	$550.00
		☐ Lifetime Hunting / Fresh & Saltwater License	$700.00

Upgrade: Where you already own a lifetime license and wish to purchase additional lifetime privileges.
Note: Current Lifetime License must be attached to application. Processing will be delayed if license is not attached.

Check Appropriate Upgrade:

☐ Lifetime Hunting to Combination Freshwater	$150.00
☐ Lifetime Hunting & Saltwater Fishing to Combination Freshwater	$150.00
☐ Lifetime Hunting to Combination Saltwater	$250.00
☐ Lifetime Hunting &Freshwater Fishing to Combination Saltwater	$250.00
☐ Lifetime Hunting to Combination Freshwater & Saltwater	$400.00
☐ Lifetime Freshwater Fishing to Combination Saltwater	$250.00
☐ Lifetime Freshwater Fishing to Combination Hunting	$300.00
☐ Lifetime Freshwater Fishing to Combination Hunting & Saltwater	$550.00
☐ Lifetime Saltwater Fishing to Combination Freshwater	$150.00
☐ Lifetime Saltwater Fishing to Combination Hunting	$300.00
☐ Lifetime Saltwater Fishing to Combination Hunting and Freshwater	$450.00
☐ Lifetime Freshwater & Saltwater Fishing to Combination Hunting	$300.00

NOTE: Please Print. Applicant MUST have a Social Security number. Incomplete applications cannot be processed. Non-drivers must submit required proof of Alabama residency with application.

NAME [redacted] (First) [redacted] (Middle) [redacted] (Last)

ADDRESS _____ (Mailing Address) _____ (County of Residence)

CITY _____ ZIP CODE _____

DATE OF BIRTH [redacted] (month / day / year) SOCIAL SECURITY NO. [redacted] (required)

ALABAMA DRIVERS LICENSE NUMBER _____ SEX M
(If no AL Drivers License Number, two acceptable proof of residency documents must be attached)

[redacted] COLOR EYES Brown WEIGHT 160 lbs

[redacted] 9 IN. TELEPHONE ___ (area code) - ___ - ___

[redacted]BER _____ (Required if born on and after August 1, 1977.)
[redacted]ecurity Number. If school age child, provide proof of enrollment in an Alabama school.

[redacted]f law, that applicant named above is a bonafide Alabama resident having resided continuously in [redacted] immediately preceding this date as required by State Law. NOTE: It is a violation of Alabama Law for [redacted]urchase an Alabama lifetime hunting / fishing license.

Make check payable to & mail with check to: Department of Conservation, Lifetime License
64 North Union Street, Montgomery, Alabama 36130-1456

SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE—FOR OFFICE USE ONLY

DATE RECEIVED _____ AMOUNT RECEIVED _____

LICENSE NUMBER _____ DATE MAILED _____

NAME
DOB
SSAN

Eglin 2-4-28 WPAFB WPAFB 7-3-02 Airport Room 281

Personal Data - Privacy Act of 1974 - Handle with care Page
no: 1

RELEASE 5.350 Travel Voucher Summary Block:
03013013

DO Voucher No. [redacted]

AFRL/MNGI
2-3438
Name: [redacted]
[redacted]
[redacted]
VALPARAISO, FL 32580-0000

Paid By
DFAS-ADC/DE
DENVER CO
80279-8630

Detach Date: 12/31/02 To Date: 01/03/03 Paid 02/05/03

SSN: [redacted] T/O : AD0624 DSSN 3801
Travel Type: PCS Grade/Rank: O3

[redacted]ior Payments: 0.00
[redacted]cher

[redacted] 470.90
[redacted]lement 470.90
[redacted]l Payments 0.00
[redacted]ed to Acct. Class ... 470.90
[redacted] Advances 0.00
[redacted]: Payable 470.90
Due Member 470.90

Remarks: TLE VOUCHER; MBR STAYED WITH FAMILY
Accounting Summary

[redacted]o sales
[redacted]esp ibp by code
5723500 322 57619E 525725
470.90

who had claim: MEC,JAS,
Examiner: JAS Auditor: MEC Method of Pay: DIRECT DEPOSIT for
470.90
Account #: [redacted]

--- <End of Document> ---

NAME
SSAN

ADDRESS
BANK ACCT #

Eglin 2-6288 Airpark Room 281

WPAFB

WPAFB 7-3202

Personal Data - Privacy Act of 1974 - Handle with care Page no: 1

RELEASE 5.350 Travel Voucher Summary Block: 03013013

DO Voucher No. [redacted]

2-3438

AFRL/MNGI

Name: [redacted]

[redacted]

VALPARAISO, FL 32580-0000

Paid By
DFAS-ADC/DE
DENVER CO
80279-8630

Detach Date: 12/31/02 To Date: 01/03/03 Paid 02/05/03

SSN: [redacted] T/O : AD0624 DSSN 3801

Travel Type: PCS Grade/Rank: O3

Prior Payments: 0.00

Voucher

..... 470.90

Settlement

Total Charged to Ac

Less Travel Advances 0.00

Total Amount Payable 470.90

Due Member 470.90

Remarks: TLE VOUCHER; MBR STAYED WITH FAMILY

Accounting Summary

o sales
esp ibp by code

5723500 322 57619E 525725
470.90

who had claim: MEC,JAS,

Examiner: JAS Auditor: MEC Method of Pay: DIRECT DEPOSIT for 470.90

Account #: [redacted]

--- <End of Document> ---

NAME

SSAN

ADDRESS

BANK ACCT #

MyFlorida.com my Express Lane made avail

Doing business online with Department of Highway Safety & Motor Vehicles

Your driver license renewal and address change has been completed. Thank you for using the Express Lane! You can print this screen as a receipt of your transaction.

Just mov Return Stamp.

Selfs Regular $16.0 Now 0

TAYLOR

NAME

Date: October 11, 2001 10:57 AM
Name: [redacted]
Address: [redacted]
FT WALTON BCH , FL 32547

ADDRESS

Driver License Number: [redacted]
Renewal & Address Change Fee: $ 15.00
Voluntary Contributions Total: $ 0.00
Fee: $ 3.00
TOTAL: **$ 18.00**

Your confirmation number is [redacted]

The $ 18.00 fee will appear on your credit card s c/veh svcs".

D/L #

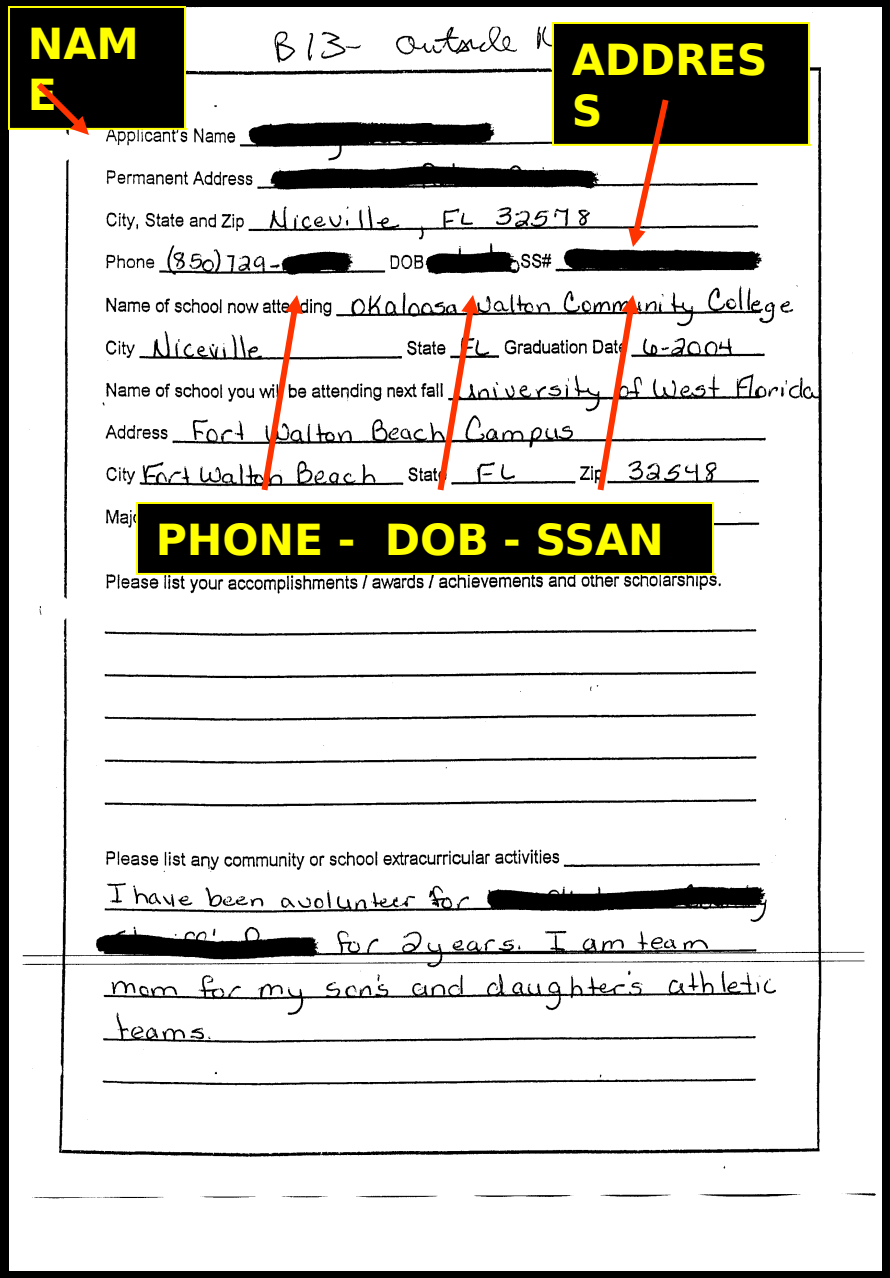
You should receive your license or renewal stick problems, please contact us via email at ddl@hsmv.state.fl dit card company if you have problems with billing.

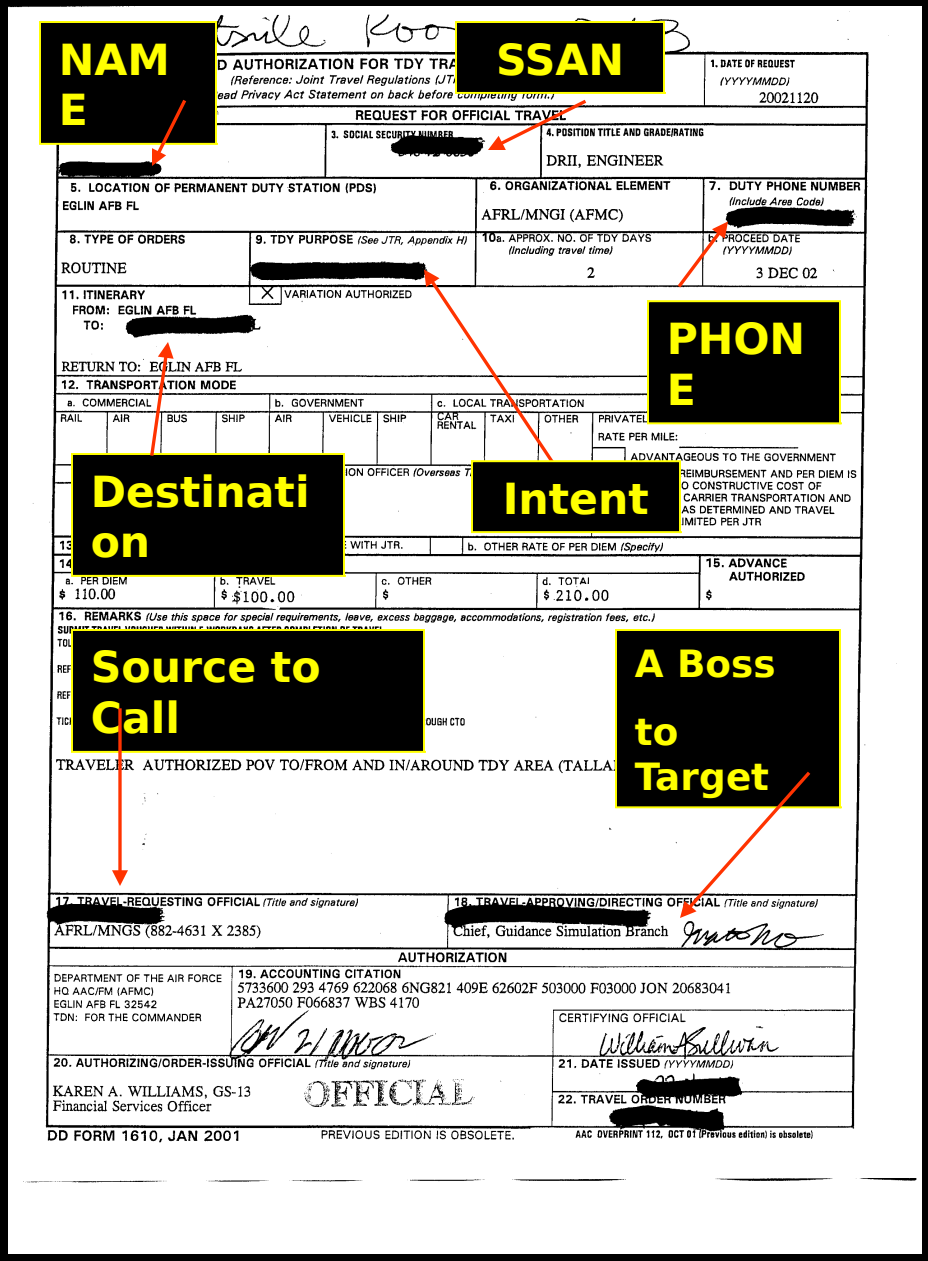
Note: You may use the Print option from your browser to print this page as a temporary receipt, or write down your confirmation number for your records.

Florida law allows you to protect the personal information on your driver license and vehicle records from public disclosure. To learn more, please visit the Driver Privacy Protection Act information on our web site.

The Express Lane Office Locator Highway Safety Home Page Contact Us

© Copyright 2000 Compaq Computer Corporation


NAME
ADDRESS
PHONE - DOB - SSAN
B13- outside K
Applicant's Name [redacted]
Permanent Address [redacted]
City, State and Zip Niceville, FL 32578
Phone (850)729-[redacted] DOB [redacted] SS# [redacted]
Name of school now attending Okaloosa Walton Community College
City Niceville State FL Graduation Date 6-2004
Name of school you will be attending next fall University of West Florida
Address Fort Walton Beach Campus
City Fort Walton Beach State FL Zip 32548
Maj
Please list your accomplishments / awards / achievements and other scholarships.
Please list any community or school extracurricular activities
I have been avolunteer for [redacted]
[redacted] for 2 years. I am team
mom for my son's and daughter's athletic
teams.


NAME
SSAN
PHONE
Destination
Intent
Source to Call
A Boss to Target
D AUTHORIZATION FOR TDY TRA
(Reference: Joint Travel Regulations (JT
ead Privacy Act Statement on back before
1. DATE OF REQUEST (YYYYMMDD) 20021120
REQUEST FOR OFFICIAL TRAVEL
3. SOCIAL SECURITY NUMBER [redacted]
4. POSITION TITLE AND GRADE/RATING DRII, ENGINEER
5. LOCATION OF PERMANENT DUTY STATION (PDS) EGLIN AFB FL
6. ORGANIZATIONAL ELEMENT AFRL/MNGI (AFMC)
7. DUTY PHONE NUMBER (Include Area Code) [redacted]
8. TYPE OF ORDERS ROUTINE
9. TDY PURPOSE (See JTR, Appendix H) [redacted]
10a. APPROX. NO. OF TDY DAYS (Including travel time) 2
b. PROCEED DATE (YYYYMMDD) 3 DEC 02
11. ITINERARY
FROM: EGLIN AFB FL
TO: [redacted]
X VARIATION AUTHORIZED
RETURN TO: EGLIN AFB FL
12. TRANSPORTATION MODE
a. COMMERCIAL
b. GOVERNMENT
c. LOCAL TRANSPORTATION
RAIL AIR BUS SHIP AIR VEHICLE SHIP CAR RENTAL TAXI OTHER PRIVATE
RATE PER MILE:
ADVANTAGEOUS TO THE GOVERNMENT
REIMBURSEMENT AND PER DIEM IS
O CONSTRUCTIVE COST OF
CARRIER TRANSPORTATION AND
AS DETERMINED AND TRAVEL
IMITED PER JTR
ION OFFICER (Oversees T
WITH JTR.
b. OTHER RATE OF PER DIEM (Specify)
a. PER DIEM $ 110.00
b. TRAVEL $ $100.00
c. OTHER $
d. TOTAL $ 210.00
15. ADVANCE AUTHORIZED $
16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)
OUGH CTO
TRAVELER AUTHORIZED POV TO/FROM AND IN/AROUND TDY AREA (TALLA
17. TRAVEL-REQUESTING OFFICIAL (Title and signature) [redacted]
AFRL/MNGS (882-4631 X 2385)
18. TRAVEL-APPROVING/DIRECTING OFFICIAL (Title and signature) [redacted]
Chief, Guidance Simulation Branch
AUTHORIZATION
DEPARTMENT OF THE AIR FORCE
HQ AAC/FM (AFMC)
EGLIN AFB FL 32542
TDN: FOR THE COMMANDER
19. ACCOUNTING CITATION
5733600 293 4769 622068 6NG821 409E 62602F 503000 F03000 JON 20683041
PA27050 F066837 WBS 4170
CERTIFYING OFFICIAL
20. AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature)
KAREN A. WILLIAMS, GS-13
Financial Services Officer
OFFICIAL
21. DATE ISSUED (YYYYMMDD) [redacted]
22. TRAVEL ORDER NUMBER [redacted]
DD FORM 1610, JAN 2001
PREVIOUS EDITION IS OBSOLETE.
AAC OVERPRINT 112, OCT 01 (Previous edition) is obsolete)

THRIFT SAVINGS PLAN
ELECTION FORM

TSP-1

NAME

PHON E

Use contributions to the Thrift Savings Plan (TSP)
the amount of your contributions to the TSP
contributions to the TSP

Before completing this form, please read the *Summary of the Thrift Savings Plan for Federal Employees* and the instructions on the back of this form. Type or print all information. **Return the completed form** to your **agency personnel office.** Your agency will return a copy to you after completing Section V.

Note: To allocate your contributions among the five investment funds, see the instructions in the General Information section on the back of this form. This form cannot be used for that purpose.

I. INFORMATION ABOUT YOU

1. [redacted] (Name (Last)) [redacted] (First) [redacted] (Middle)
2. [redacted] (Street Address) Fort Walton Bch (City) FL (State) 32547 (Zip Code)
3. [redacted] (Social Security Number)
4. [redacted] (Daytime Phone (Area Code and Number))
5. AFRL/[redacted] (Office Identification (Agency and Organization))

ADDRESS

SSAN

To start or change the amount of your contributions to your TSP account, enter **either** a whole percentage of pay per pay period (Item 6) **or** a whole dollar amount per pay period (Item 7). Skip to Section IV.

6. 13 .0% **OR** 7. $ .00

III. STOP YOUR CONTRIBUTIONS

To stop your contributions to the TSP, check Item 8 and complete Section IV. (If you are a FERS employee and you are eligible to receive Agency Automatic (1%) Contributions, those 1% contributions will continue. Read the instructions on the back.)

8. ☐ I want to stop contributing to my TSP account. I understand that my payroll contributions will stop no later than the first full pay period after my agency employing office receives this form.

IV. SIGNATURE

9. [redacted] (Participant's Signature) 10. 12/10/2002 (Date Signed (mm/dd/yyyy))

V. FOR EMPLOYING OFFICE USE ONLY

11. _____ (Payroll Office Number)
12. / / (Effective Date (mm/dd/yyyy))
13. / / (New Eligibility Date (mm/dd/yyyy) (If participant completed Section III))
14. _____ (Signature of Employing Office Official)
15. / / (Receipt Date (mm/dd/yyyy))
16. _____ (Remarks)

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide on this form to process your TSP election. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating a violation of civil or criminal law or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, beneficiaries, and their attorneys. We may also disclose relevant portions of this information to appropriate parties engaged in litigation. You are not required to provide this information, but if you do not provide it, we will not be able to process your request.

ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the employee and to the payroll office.

Form TSP-1 (8/2002)
PREVIOUS EDITIONS OBSOLETE

NAME

PHON E

ADDRESS

SSAN

Itinerary

TRAVEL VOUCHER OR SUBVOUCH ... Statement. Penalty Statement, and Instructions on back before completing riter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more continue in remarks.

1. PAYMENT: ☐ Electronic Fund Transfer (EFT) ☐ Payment by Check ☒ Split Disbursement: Amt to Govt Tvl Charge Card $ 700.00
4. NAME (Last, First, Middle Initial) (Mail or type) [redacted]
5. GRADE: DR-II
6. SSN: [redacted]
7. ADDRESS. a. NUMBER AND STREET: [redacted] b. CITY: Fort Walton Beach c. STATE: FL d. ZIP CODE: 32547-68[redacted]
8. DAYTIME TELEPHONE NUMBER AREA CODE: [redacted]
9. TRAVEL ORDER NUMBER: T01279
10. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES: None
11. ORGANIZATION AND STATION: AFRL/M[redacted]NGI Eglin AFB, FL 32547-6810
12. DEPENDENT(S) (X and complete as applicable): ☐ ACCOMPANIED ☐ UNACCOMPANIED — a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (If
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) ☐ YES ☐ NO (Explain in Remarks)
16. POC TRAVEL (X one) ☒ OWN/OPERATE

3. FOR D.O. USE ONLY: a. D.O. VOUCHER NUMBER; b. SUBVOUCHER NUMBER; c. PAID BY

T (X as applicable): ☐ TDY ☐ Other ☒ Member/ Employee ☐ PCS ☐ Dependent(s) ☐ DLA

27 Oct	DEP	Home				
	ARR	VPS	CA	AT		10
	DEP			TD	335.00	
1 Nov	ARR	Huntsville, AL	CA			
	DEP			AT		
	ARR	VPS	PA			
	DEP			MC		10
1 Nov	ARR	Home				
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

d. COMPUTATIONS

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
27 Oct	Gas for Rental Car	12.75	
28 Oct	Gas for Rental Car	16.50	
31 Oct	Gas for Rental Car	20.00	
1 Nov	Gas for Rental Car	14.75	
1 Nov	Gas for Rental Car	18.75	
1 Nov	Hotel Taxes	38.50	
3 Nov	Rental Car	271.13	
3 Nov	VPS Parking	42.00	

DURATION OF TDY TRAVEL: ☐ 12 HOURS OR LESS ☐ MORE THAN 12 HOURS BUT 24 HOURS OR LESS ☒ MORE THAN 24 HOURS

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. [redacted] b. DATE [redacted] c. SUPERVISOR SIGNATURE d. DATE

21.a. APPROVING OFFICER SIGNATURE b. DATE

22. ACCOUNTING CLASSIFICATION

23. COLLECTION DATA

24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID

DD FORM 1351-2, MAR 2000

PREVIOUS EDITIONS OF DD FORM 1351-2 AND 1351-1 MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

Exception to SF 1012 approved by GSA/IRMS 12-91.

You Wouldn't Give

a Total Stranger

The FBI Calls

"IDENTITY THEFT"

Your Fastest Growing

Crime In America.

...Would You?

Then You Shouldn't Throw Away...

Address?

Phone #?

SSAN?

D/L #?

Date of Birth?

Bank Acct#??

. . . Should You?